Sub-Area 1A

HSA-1 Sub Area Inventory of Hospitals (Macomb, Oakland)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
North Oakland Medical Center	63-0110	Pontiac	336	336	
Pontiac Osteopathic Hospital	63-0120	Pontiac	308	308	
St. Joesph Mercy Oakland	63-0140	Pontiac	395	395	
Select Specialty Hospital - Pontiac	63-0172	Pontiac	30	30	
Crittenton Hospital	63-0070	Rochester	270	270	
Huron Valley-Sinai Hospital	63-0014	Commerce Towns	153	153	
Henry Ford West Bloomfield Hospital	63-0176	West Bloomfield	7	300	
SE Michigan Surgical Hospital	50-0100	Warren	20	20	
William Beaumont Hospital	63-0030	Royal Oak	1031	1031	
William Beaumont Hospital - Troy	63-0160	Troy	296	296	
MI Orthopaedic Specialty Hospital	63-0060	Madison Heights	36	36	
St. John Oakland Hospital	63-0080	Madison Heights	154	180	
Providence Hospital & Medical Center	63-0130	Southfield	428	311	
Providence Medical Center	63-0177	Providence Park	6	200	
Oakland Regional Hospital	63-0013	Southfield	45	45	
Straith Hospital for Spec Surg	63-0150	Southfield	34	34	
Sub Area TOTAL			3549	3945	
AREA BED NEED				2732	
		_			_
Unmet Bed Need (Excess)				(1213)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

The production of the product (in the product					
Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1B

HSA-1 Sub Area Inventory of Hospitals (Macomb)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Henry Ford Bi-County Hospital	50-0020	Warren	203	178	
St. John Macomb Hospital	50-0070	Warren	348	348	
Select Speciality Hosp-Macomb	50-0112	Warren	0	25	
Sub Area TOTAL			551	551	
AREA BED NEED				465	
Unmet Bed Need (Excess)				(86)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1C

HSA-1 Sub Area Inventory of Hospitals (Wayne)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Oakwood Annapolis Hospital	82-0010	Wayne	259	259	
Garden City Hospital	82-0070	Garden City	323	323	
Oakwood Heritage Hospital	82-0250	Taylor	163	138	
Oakwood Hospital and Medical Ctr	82-0120	Dearborn	632	632	
Kindred Hospital-Detroit	82-0130	Lincoln Park	220	220	
Riverside Osteopathic Hospital	82-0160	Trenton	93	50	
Oakwood Southshore Medical Ctr	82-0170	Trenton	183	168	
Henry Ford Wyandotte Hosp	82-0230	Wyandotte	288	323	
Select Specialty Hospital-Downriver	82-0279	Taylor	0	40	
Select Speciality Hospital-Wyandotte	82-0272	Wyandotte	35	0	
Sub Area TOTAL			2196	2153	
AREA BED NEED				1497	
Unmet Bed Need (Excess)				(656)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1D

HSA-1 Sub Area Inventory of Hospitals (City of Detroit, Wayne)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
St. John Hospital & Medical Cntr	83-0420	Detroit	650	709	
St. John Northeast Campus	83-0230	Detroit	128	69	
Select Spec. Hospital-NW Detroit	83-0523	Detroit	36	36	
Sinai-Grace Hospital	83-0450	Detroit	383	383	
Bon Secours Hospital	82-0030	Grosse Pointe	290	260	
Select Specialty Hosp-Gross Pointe	82-0276	Grosse Pointe	30	30	
Cottage Hospital	82-0040	Grosse Pointe Farms	89	87	
Triumph Hospital	83-0521	Detroit	53	53	
Children's Hospital of Michigan	83-0080	Detroit	228	228	
Detroit Receiving Hosp & Unv Hlth	83-0500	Detroit	273	273	
Harper University Hospital	83-0220	Detroit	539	624	
Henry Ford Hospital	83-0190	Detroit	903	653	
Hutzel Women's Hospital	83-0240	Detroit	146	0	
Rehabilitation Institute of Michigan	83-0410	Detroit	94	94	
Detroit Hope Hospital	82-0278	Detroit	80	80	
LTAC Hospital Detroit	83-0526	Detroit	20	20	
St. John Detroit Riverview Hospital	83-0034	Detroit	230	230	
Greater Detroit Hosp-Medical Cntr	83-0350	Detroit	162	162	
United Community Hospital	83-0490	Detroit	80	80	
Karmanos Cancer Center	83-0520 A	Detroit	123	123	
Sub Area TOTAL	<u> </u>		4537	4194	
AREA BED NEED				2966	
Unmet Bed Need (Excess)				(1228)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1E

HSA-1 Sub Area Inventory of Hospitals (Oakland, Wayne)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Botsford General Hospital	63-0050	Farmington Hills	305	305	
St. Mary's Mercy Hospital	82-0190	Livonia	273	273	
Sub Area TOTAL			578	578	
AREA BED NEED				452	
Unmet Bed Need (Excess)				(126)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1F

HSA-1 Sub Area Inventory of Hospitals (Macomb)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
St. Joesph's Specialty Hospital	50-0080	Mt Clemens	31	1	
St. Joseph's Medical Center	50-0110	Clinton Twp	319	349	
St. John North Shores Hospital	50-0070	Harrison Twp	96	96	
Select Specialty Hosp - Macomb	50-0111	Mt Clemens	36	36	
Mt. Clemens General Hospital	50-0060	Mt Clemens	288	288	
Sub Area TOTALS			770	770	
AREA BED NEED				673	
Unmet Bed Need (Excess)				(97)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1G

HSA-1 Sub Area Inventory of Hospitals (St. Clair)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Mercy Hospital	74-0010	Port Huron	119	119	
Port Huron Hospital	74-0020	Port Huron	163	163	
Sub Area TOTALS			282	282	
AREA BED NEED				257	
Unmet Bed Need (Excess)				(25)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1H

HSA-1 Sub Area Inventory of Hospitals (Livingston, Washtenaw)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Brighton Hospital	47-0010	Brighton	63	41	
St. Joseph Mercy Livingston Hosp	47-0020	Howell	136	136	
Forest Health Medical Center	81-0010	Ypsilanti	68	68	
Chelsea Community Hospital	81-0080	Chelsea	83	83	
St. Joseph Mercy Saline Hospital	81-0040	Saline	82	82	
St. Joseph Mercy Hospital	81-0030	Ann Arbor	505	505	
Univ of Michigan Health Sys	81-0060	Ann Arbor	800	848	
Select Specialty Hospital - Ann Arbor	81-0081	Ypsilanti	36	36	
Sub Area TOTALS			1773	1799	
AREA BED NEED				1571	
Unmet Bed Need (Excess)				(228)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 11

HSA-1 Sub Area Inventory of Hospitals (St. Clair)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
St. John River District Hospital	74-0030	East China	68	68	
Sub Area TOTALS			68	68	
AREA BED NEED				50	
Unmet Bed Need (Excess)				(18)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 1J

HSA-1 Sub Area Inventory of Hospitals (Monroe)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Mercy Memorial Hospital	58-0030	Monroe	217	217	
Sub Area TOTAL			217	217	
AREA BED NEED				150	
Unmet Bed Need (Excess)				(67)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 2A

HSA-2 Sub Area Inventory of Hospitals (Clinton, Eaton, Ingham)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Clinton Memorial Hospital	19-0011	St Johns	25	25	1
Eaton Rapids Medical Center	23-0021	Eaton Rapids	20	20	1
Hayes Green Beach Mem Hosp	23-0022	Charlotte	25	25	1
Ingham Reg Med Cntr - Greenlawn	33-0020	Lansing	310	249	
Ingham Reg Med Cntr - Penn	33-0010	Lansing	53	114	
Edward W Sparrow Hospital	33-0060	Lansing	552	552	
Sparrow Hlth Sys - St. Lawrence	33-0050	Lansing	65	65	
Sparrow Specialty Hosptial	330061	Lansing	36	36	
Sub Area TOTALS			1086	1016	
AREA BED NEED				841	
Unmet Bed Need (Excess)				(175)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 2B

HSA-2 Sub Area Inventory of Hospitals (Jackson)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
W A Foote Memorial Hospital	38-0010	Jackson	325	325	
CareLink of Jackson	38-0030	Jackson	64	64	
Sub Area TOTALS			389	389	
AREA BED NEED				375	
Unmet Bed Need (Excess)				(14)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 2C

HSA-2 Sub Area Inventory of Hospitals (Hillsdale)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Hillsdale Community Health Center	30-0010	Hillsdale	65	65	
Sub Area TOTAL			65	65	
AREA BED NEED				50	
Unmet Bed Need (Excess)				(15)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 2D

HSA-2 Sub Area Inventory of Hospitals (Lenawee)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Emma L. Bixby Medical Center	46-0020	Adrian	88	115	
Herrick Memorial Hospital	46-0052	Tecumseh	32	32	1
Sub Area TOTAL			120	115	
AREA BED NEED				90	
Unmet Bed Need (Excess)				(25)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 3A

HSA-3 Hospital Inventory (Allegan, Barry, Kalamazoo, St. Joseph, Van Buren)

Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
			Licensed	Department	
Lakeview Community Hospital	80-0041	Paw Paw	25	25	1
Borgess - PIPP Health Center	03-0031	Plainwell	43	43	
Borgess Medical Center	39-0010	Kalamazoo	372	372	
Bronson Methodist Hospital	39-0020	Kalamazoo	343	343	
Bronson Vicksburg Hospital	39-0030	Vicksburg	29	29	
Select Specialty Hosptial-Kalamazoo	39-0032	Kalamazoo	25	25	
Sturgis Hospital	75-0010	Sturgis	94	94	
Pennock Hospital	08-0010	Hastings	89	89	
Three Rivers Area Health	75-0020	Three Rivers	60	60	
Out Assertation			4000	4055	
Sub Area TOTALS			1080	1055	
AREA BED NEED				853	
Unmet Bed Need (Excess)				(202)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

Sub-Area 3B

HSA-3 Sub Area Inventory of Hospitals (Calhoun)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Fieldstone Cntr of Battle Crk Health	13-0030	Battle Crk	30	0	
Select Specialty Hospital - Battle Crk	13-0030	Battle Crk	0	30	
Battle Creek Health System	13-0031	Battle Crk	172	202	
Oaklawn Hospital	13-0080	Marshall	77	77	
Select Specialty Hospital - Battle Crk	13-0111	Battle Crk	32	32	
SW Michigan Rehab Hospital	13-0100	Battle Crk	26	26	
Sub Area TOTALS			337	367	
AREA BED NEED				270	
Unmet Bed Need (Excess)				(97)	

* Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 3C

HSA-3 Sub Area Inventory of Hospitals (Berrien, Van Buren)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
South Haven Community Hospital	82-0020	South Haven	82	82	
Lakeland Hospital, St. Joseph	11-0050	St. Joseph	224	224	
Lakeland Speciality Hospital	11-0080	Berrien Center	55	55	
Community Hospital	11-0040	Watervliet	58	58	
Sub Area TOTALS			419	419	
AREA BED NEED				233	
Unmet Bed Need (Excess)				(186)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 3D

HSA-3 Sub Area Inventory of Hospitals (Berrien, Cass)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Lakeland Hospital, Niles	11-0070	Niles	89	64	
Lee Memorial Hospital	14-0010	Dowagiac	25	25	1
Sub Area TOTALS			114	64	
AREA BED NEED				67	
Unmet Bed Need (Excess)				3	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 3E

HSA-3 Sub Area Inventory of Hospitals (Branch)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Community Hlth Cntr of Branch Co	12-0010	Coldwater	102	102	
Sub Area TOTAL			102	102	
AREA BED NEED				61	
Unmet Bed Need (Excess)				(41)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4A

HSA-4 Sub Area Inventory of Hospitals (Mason)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Memorial Medical Ctr of West MI	53-0010	Ludington	81	81	
Sub Area TOTALS			81	81	
AREA BED NEED				59	
Unmet Bed Need (Excess)				(22)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4B

HSA-4 Sub Area Inventory of Hospitals (Mecosta, Montcalm))

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Spectrum Health United Memorial	59-0201	Lakeview	25	25	1
Mecosta County Medical Center	54-0030	Big Rapids	74	74	
Sub Area TOTALS			99	74	
AREA BED NEED				51	
Unmet Bed Need (Excess)				(23)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 4C

HSA-4 Sub Area Inventory of Hospitals (Osecola)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Spectrum Hlth-Reed City Campus	67-0020	Reed City	25	25	1
Sub Area TOTAL			25	0	
AREA BED NEED				19	
Unmet Bed Need (Excess)				19	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

Sub-Area 4D

HSA-4 Sub Area Inventory of Hospitals (Oceana)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Lakeshore Community Hospital	64-0020	Shelby	24	24	1
Sub Area TOTALS			24	0	
AREA BED NEED				13	
Unmet Bed Need (Excess)				13	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					1

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

Sub-Area 4E

HSA-4 Sub Area Inventory of Hospitals (Newaygo)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Gerber Memorial Hospital	62-0010	Fremont	61	61	
Sub Area TOTALS			61	61	
AREA BED NEED				38	
Unmet Bed Need (Excess)				(23)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4F

HSA-4 Sub Area Inventory of Hospitals (Gratiot, Montcalm)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Carson City Hospital	59-0010	Carson City	61	61	
Gratiot Medical Center	29-0010	Alma	130	130	
Sub Area TOTALS			191	191	
AREA BED NEED				145	
Unmet Bed Need (Excess)				(46)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4G

HSA-4 Sub Area Inventory of Hospitals (Muskegon, Ottawa)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Hackley Hospital	61-0010	Muskegon	154	154	
Mercy Gen Hlth Partners-Sherman	61-0020	Muskegon	175	175	
Mercy Gen Hlth Partners-Oak	61-0030	Muskegon	107	99	
LifeCare Hospitals of Western Michigan	61-0052	Muskegon	20	28	
North Ottawa Community Hospital	70-0010	Grand Haven	81	81	
Select Specialty Hospital-Western MI	61-0051	Muskegon	31	31	
Sub Area TOTALS			568	568	
AREA BED NEED				376	
	_	`			
Unmet Bed Need (Excess)				(192)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4H

HSA-4 Sub Area Inventory of Hospitals (Kent)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Mary Free Bed Hosp & Rehab Cntr	41-0070	Grand Rapids	80	80	
Metro Health Hospital	41-0060	Grand Rapids	238	238	
Spectrum Hlth-Butterworth Campus	41-0040	Grand Rapids	755	649	
Spectrum Hlth-Blodgett Campus	41-0010	Grand Rapids	306	395	
Spectrum Hlth-Kent Comm Campus	41-0090	Grand Rapids	76	146	
St. Mary's Health Care	41-0080	Grand Rapids	230	230	
Sub Area TOTALS			1685	1738	
AREA BED NEED				1340	
Unmet Bed Need (Excess)				(398)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4I

HSA-4 Sub Area Inventory of Hospitals (Montcalm)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Sheridan Community Hospital	59-0030	Sheridan	25	25	1
United Memorial Health Center	59-0060	Greenville	65	65	
Sub Area TOTALS			90	65	
AREA BED NEED				42	
Unmet Bed Need (Excess)				(23)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 4J

HSA-4 Sub Area Inventory of Hospitals (Ottawa)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Holland Community Hospital	70-0020	Holland	193	193	
Zeeland Community Hospital	70-0030	Zeeland	57	57	
Sub Area TOTALS			250	250	
AREA BED NEED				147	
Unmet Bed Need (Excess)				(103)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 4K

HSA-4 Sub Area Inventory of Hospitals (Ionia)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Ionia County Memorial Hospital	34-0021	Ionia	25	25	1
Sub Area TOTALS			25	0	
AREA BED NEED				18	
Unmet Bed Need (Excess)				18	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

Sub-Area 4L

HSA-4 Sub Area Inventory of Hospitals (Allegan)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Allegan General Hospital	03-0032	Allegan	25	25	1
Sub Area TOTALS			25	0	
AREA BED NEED				24	
Unmet Bed Need (Excess)				24	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

Sub-Area 5A

HSA-5 Sub Area Inventory of Hospitals (Shiawassee)

Hospital Name		City	Licensed	Department Inventory*	NOTES
	Facility Number		Beds		
Memorial Healthcare	78-0010	Owosso	115	111	
Sub Area TOTALS			115	111	
AREA BED NEED				81	
Unmet Bed Need (Excess)				(30)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 5B

HSA-5 Sub Area Inventory of Hospitals (Genesee)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Genesys Reg Med Cntr - Hlth Park	25-0072	Grand Blanc	410	458	
Hurley Medical Center	25-0040	Flint	383	383	
McLaren Regional Medical Center	25-0050	Flint	368	353	
Select Specialty Hospital - Flint	25-0071	Flint	32	32	
Sub Area TOTALS	+		1193	1226	
AREA BED NEED				1126	
Unmet Bed Need (Excess)				(100)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 5C

HSA-5 Sub Area Inventory of Hospitals (Lapeer)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Lapeer Regional Medical Center	44-0010	Lapeer	183	195	
Sub Area TOTALS			183	195	
AREA BED NEED				117	
Unmet Bed Need (Excess)				(78)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6A

HSA-6 Sub Area Inventory of Hospitals (Iosco, Ogemaw)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
West Branch Regional Medical Center	65-0010	West Branch	88	88	
Tawas St Joseph Hospital	35-0010	Tawas City	60	60	
Sub Area TOTALS			148	148	
AREA BED NEED				93	
Unmet Bed Need (Excess)				(55)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6B

HSA-6 Sub Area Inventory of Hospitals (Isabella)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Central Michigan Community Hospital	37-0010	Mt Pleasant	118	118	
Sub Area TOTALS			118	118	
AREA BED NEED				56	
Unmet Bed Need (Excess)				(62)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6C

HSA-6 Sub Area Inventory of Hospitals (Clare)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
MidMichigan Medical Cntr - Clare	18-0010	Clare	64	64	
Sub Area TOTALS			64	64	
AREA BED NEED				50	
Unmet Bed Need (Excess)				(14)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 6D

HSA-6 Sub Area Inventory of Hospitals (Gladwin, Midland)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
MidMichigan Medical Ctr-Gladwin	26-0011	Gladwin	25	25	1
MidMichigan Medical Cntr - Midland	56-0020	Midland	230	230	
Sub Area TOTALS			255	230	
AREA BED NEED				174	
Unmet Bed Need (Excess)				(56)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 6E

HSA-6 Sub Area Inventory of Hospitals (Arenac, Bay)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
St. Mary's Standish Community Hospital	06-0020	Standish	25	25	1
Bay Regional Medical Center	09-0050	Bay City	341	356	
Bay Regional Medical Cntr - West	09-0020	Bay City	20	20	
Bay Special Care	09-0010	Bay City	31	31	
Sub Area TOTALS			417	407	
AREA BED NEED				285	
Unmet Bed Need (Excess)				(122)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 6F

HSA-6 Sub Area Inventory of Hospitals (Saginaw, Tuscola)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Caro Community Hospital	79-0032	Caro	25	25	1
Hills & Dales General Hospital	79-0030	Cass City	25	25	1
Healthsource Saginaw	73-0060	Saginaw	65	65	
Covenant Medical Centers, Inc.	73-0061	Saginaw	290	275	
Covenant Medical Cntr - N. Michigan	73-0030	Saginaw	56	77	
Covenant Medical Cntr - N. Harrison	73-0020	Saginaw	277	277	
St. Mary's of Michigan Medical Center	73-0050	Saginaw	268	268	
Select Specialty Hospital-Saginaw	73-0062	Saginaw	32	32	
Sub Area TOTALS			1038	994	
AREA BED NEED				764	
Unmet Bed Need (Excess)				(230)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 6G

HSA-6 Sub Area Inventory of Hospitals (Huron)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Harbor Beach Community Hospital	32-0040	Harbor Beach	25	25	1
Scheurer Hospital	32-0030	Pigeon	25	25	1
Huron Medical Center	32-0020	Bad Axe	64	64	
Sub Area TOTALS			114	64	
AREA BED NEED				38	
Unmet Bed Need (Excess)				(26)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 6H

HSA-6 Sub Area Inventory of Hospitals (Sanilac)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Deckerville Com Hosp	76-0010	Deckerville	15	15	1
McKenzie Memorial Hospital	76-0030	Sandusky	25	25	1
Sub Area TOTALS			40	0	
AREA BED NEED				14	
Unmet Bed Need (Excess)				14	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Sub-Area 61

HSA-6 Sub Area Inventory of Hospitals (Sanilac)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Marlette Community Hospital	76-0041	Marlette	35	35	1
Sub Area TOTAL			35	0	
AREA BED NEED				26	
Unmet Bed Need (Excess)				26	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 7A

HSA-7 SUB-AREA Inventory of Hospitals (Cheboygan)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Cheboygan Memorial Hospital	16-0020	Cheboygan	46	46	
SUB-AREA TOTALS			46	46	
AREA BED NEED				38	
Unmet Bed Need (Excess)				(8)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 7B

HSA-7 SUB-AREA Inventory of Hospitals (Charlevoix, Emmet, Mackinac)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Charlevoix Area Hospital	15-0021	Charlevoix	25	25	1
Mackinac Straits Hospital	49-0030	St Ignace	15	15	1
Northern Michigan Hospital	24-0030	Petoskey	229	229	
SUB-AREA TOTALS			269	229	
AREA BED NEED				188	
Unmet Bed Need (Excess)				(41)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

SUB-AREA 7C

HSA-7 Sub Area Inventory of Hospitals (Presque Isle)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Rogers City Rehab. Hospital	71-0030	Rogers City	36	36	
SUB-AREA TOTALS			36	36	
AREA BED NEED				24	
Unmet Bed Need (Excess)				(12)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 7D

HSA-7 SUB-AREA Inventory of Hospitals (Otsego)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Otsego Memorial Hospital	69-0020	Gaylord	53	53	
SUB-AREA TOTALS			53	53	
AREA BED NEED				32	
Unmet Bed Need (Excess)				(21)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 7E

HSA-7 SUB-AREA Inventory of Hospitals (Alpena)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Alpena General Hospital	04-0010	Alpena	124	124	
			124	124	
AREA BED NEED				84	
Unmet Bed Need (Excess)				(40)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 7F

HSA-7 SUB-AREA Inventory of Hospitals (Benzie, Grand Traverse, Kalkaska)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Paul Oliver Memorial Hospital	10-0020	Frankfort	8	8	1
Kalkaska Memorial Hlth Cntr	40-0020	Kalkaska	8	8	1
Munson Medical Center	28-0010	Traverse City	354	377	
SUB-AREA TOTALS			354	377	
AREA BED NEED				374	
Unmet Bed Need (Excess)				(3)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

SUB-AREA 7G

HSA-7 SUB-AREA Inventory of Hospitals (Wexford)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Mercy Hospital - Cadillac	84-0010	Cadillac	97	97	
SUB-AREA TOTALS			97	194	
AREA BED NEED				63	
Unmet Bed Need (Excess)				(131)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 7H

HSA-7 Sub Area Inventory of Hospitals (Crawford)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
Mercy Hospital - Grayling	20-0020	Grayling	90	90	
Sub Area TOTALS			90	90	
AREA BED NEED				57	
Unmet Bed Need (Excess)				(33)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Sub-Area 7I

HSA-7 Sub Area Inventory of Hospitals (Manistee)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory*	NOTES
West Shore Medical Center	51-0020	Manistee	75	45	
Sub Area TOTALS			75	45	
AREA BED NEED				36	
Unmet Bed Need (Excess)				(9)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 8A

HSA-8 Sub Area Inventory of Hospitals (Gogebic)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Grand View Hospital	27-0022	Ironwood	25	25	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				21	
Unmet Bed Need (Excess)				21	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					1

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8B

HSA-8 SUB-AREA Inventory of Hospitals (Ontonagon)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Ontonagon Memorial Hospital	66-0020	Ontonagon	25	25	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				7	
Unmet Bed Need (Excess)				7	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8C

HSA-8 SUB-AREA Inventory of Hospitals (Iron)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Iron County Community Hospital	36-0021	Iron River	25	25	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				19	
Unmet Bed Need (Excess)				19	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8D

HSA-8 SUB-AREA Inventory of Hospitals (Baraga)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Baraga County Memorial Hospital	07-0020	L'Anse	24	24	1
SUB-AREA TOTALS			24	0	
AREA BED NEED				9	
Unmet Bed Need (Excess)				9	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					1

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8E

HSA-8 SUB-AREA Inventory of Hospitals (Houghton)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Keweenaw Memorial Med Ctr	31-0021	Laurium	25	25	1
Portage Health System	31-0020	Hancock	36	36	
SUB-AREA TOTALS			61	36	
AREA BED NEED				54	
Unmet Bed Need (Excess)				18	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

SUB-AREA 8F

HSA-8 Sub Area Inventory of Hospitals (Dickinson)

	- W. N. I	0 "	Licensed	Department	NOTEO
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Dickinson County Memorial Hosp	22-0020	Iron Mountain	96	96	
SUB-AREA TOTALS			96	96	
AREA BED NEED				71	
Unmet Bed Need (Excess)				(25)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 8G

HSA-8 SUB-AREA Inventory of Hospitals (Marquette)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Bell Memorial Hospital	52-0051	Ishpeming	25	25	1
Marquette General Hospital	52-0050	Marquette	289	289	
SUB-AREA TOTALS			314	314	
AREA BED NEED				211	
Unmet Bed Need (Excess)				(103)	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds. NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

SUB-AREA 8H

HSA-8 SUB-AREA Inventory of Hospitals (Delta)

Hospital Name			Licensed	Department	
	Facility Number	City	Beds	Inventory	NOTES
St. Francis Hospital	21-0010	Escanaba	110	110	
			110	110	
SUB-AREA TOTALS			110	110	
AREA BED NEED				59	
Unmet Bed Need (Excess)				(51)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

SUB-AREA 8I

HSA-8 SUB-AREA Inventory of Hospitals (Alger)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Munising Memorial Hospital	02-0010	Munising	25	11	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				6	
Unmet Bed Need (Excess)				6	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8J

HSA-8 SUB-AREA Inventory of Hospitals (Schoolcraft)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Schoolcraft Memorial Hospital	77-0010	Manistique	25	25	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				7	
Unmet Bed Need (Excess)				7	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8K

HSA-8 SUB-AREA Inventory of Hospitals (Luce)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Helen Newberry Joy Hospital	48-0020	Newberry	25	25	1
SUB-AREA TOTALS			25	0	
AREA BED NEED				7	
Unmet Bed Need (Excess)				7	

^{1.} In accordance with Section 11, hospitals that have CAH designation are excluded from the sub area totals.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

SUB-AREA 8L

HSA-8 SUB-AREA Inventory of Hospitals (Chippawa)

			Licensed	Department	
Hospital Name	Facility Number	City	Beds	Inventory	NOTES
Chippewa Co War Memorial Hosp	17-0020	Sault Ste Marie	82	82	
SUB-AREA TOTALS			82	82	
AREA BED NEED				52	
Unmet Bed Need (Excess)				(30)	

^{*} Figures in the Department Inventory column reflect CON approved hospital beds.

NOTE: Table may not include pending applications, decisions not posted, nor decisions under appeal.

Facility Name	Facility No.	App. No.	Req. # Beds	Decision	Appeal
None to date					

Certificate of Need Statewide Hospital Bed Inventory

Н			Dept	Curr	Need	Н			Dept	Curr	Need
S	Sub	Lic	Inv	Bed	or	S	Sub	Lic	Inv	Bed	or
Α	Area	Beds	Beds*	Need	(Surpl)	Α	Area	Beds	Beds	Need	(Surpl)
1	1A	3549	3945	2732	(1213)	6	6A	148	148	93	(55)
1	1B	551	551	465	(86)	6	6B	118	118	56	(62)
1	1C	2196	2153	1497	(656)	6	6C	64	64	50	(14)
1	1D	4537	4194	2966	(1228)	6	6D	255	230	174	(56)
1	1E	578	578	452	(126)	6	6E	417	407	285	(122)
1	1F	770	770	673	(97)	6	6F	1038	994	764	(230)
1	1G	282	282	257	(25)	6	6G	114	64	38	(26)
1	1H	1773	1799	1571	(228)	6	6H	40	0	14	14
1	11	68	68	50	(18)	6	6l	35	0	26	26
1	1J	217	217	150	(67)	7	7A	46	46	38	(8)
2	2A	1086	1016	841	(175)	7	7B	269	229	188	(41)
2	2B	389	389	375	(14)	7	7C	36	36	24	(12)
2	2C	65	65	50	(15)	7	7D	53	53	32	(21)
2	2D	120	115	90	(25)	7	7E	124	124	84	(40)
3	3A	1080	1055	853	(202)	7	7F	354	377	374	(3)
3	3B	337	367	270	(97)	7	7G	97	194	63	(131)
3	3C	419	419	233	(186)	7	7H	90	90	57	(33)
3	3D	114	64	67	3	7	71	75	45	36	(9)
3	3E	102	102	61	(41)	8	8A	25	0	21	21
4	4A	81	81	59	(22)	8	8B	25	0	7	7
4	4B	99	74	51	(23)	8	8C	25	0	19	19
4	4C	25	0	19	19	8	8D	24	0	9	9
4	4D	24	0	13	13	8	8E	61	36	54	18
4	4E	61	61	38	(23)	8	8F	96	96	71	(25)
4	4F	191	191	145	(46)	8	8G	314	314	211	(103)
4	4G	568	568	376	(192)	8	8H	110	110	59	(51)
4	4H	1685	1738	1340	(398)	8	81	25	0	6	6
4	41	90	65	42	(23)	8	8J	25	0	7	7
4	4J	250	250	147	(103)	8	8K	25	0	7	7
4	4K	25	0	18	18	8	8L	82	82	52	(30)
4	4L	25	0	24	24		TOTAL	27058	26566	20168	(6398)
5	5A	115	111	81	(30)						
5	5B	1193	1226	1126	(100)						
5	5C	183	195	117	(78)						

Note: This information may not include pending applications, decisions not posted, nor decisions on appeal.

NOTES: